

Stalking

Stalking Incident Log

If you are a victim of stalking, it is critical that you keep a log or diary of incidents related to the stalking situation. A log helps document stalking behavior for restraining order applications and criminal investigations. Writing down details such as the date, time and location of an incident can also help preserve your memory if you have to testify in the future.

Consider the following suggestions:

- Dealing with a stalking situation can be overwhelming. Call one of the numbers below for help and information. Ask for support from a trusted friend or family member.
- Call an advocate at a domestic violence, sexual assault or victims of violence program in your community and work out a personalized plan to keep you safe.
- Contact the District Attorney's Victim Witness Assistance Program for information about the criminal justice system and your rights as a crime victim.
- Keep the Incident Log in a safe place. Tell one person where to find it in an emergency or give a copy to someone you trust.
- Store the Incident Log with a copy of your restraining order, police reports, and any other evidence or documents you might need to later share with authorities (e.g., recordings of phone messages, printouts of e-mails or letters including postal-dated envelopes). Include photographs of property damage or other information that may be important to your case.
- Each time you report an incident to law enforcement or security personnel, ask for the officer's name, title, telephone number and badge number. Ask how you can obtain a copy of the report.
- Remember that the log could later be used as evidence in court. Anything you've written in the log could then be seen by the stalker. Do not record confidential information that you would not want the stalker to have.
- Work backwards. Most stalking situations go on for some time before victims begin keeping a log. Take some time to think back over past incidents and record whatever information you remember. If you can't remember dates, you may recall that an incident happened during a particular season or near a significant event or holiday.

Help for Victims

Massachusetts Office for Victim Assistance

*Provides information, referrals and advocacy for victims of crime
One Ashburton Place, Suite 1101
Boston, MA 02108
1-617-727-5200

SAFELINK Domestic Violence Hotline

*Statewide hotline provides victims with information, support and referrals.
Toll-free: 1-877-785-2020

Llamanos y Hablemos Sexual Assault Hotline

* 24 Hour Statewide Hotline

Español: 1-800-223-5001

National Center for Victims of Crime:

National Stalking Resource Center

*Provides victims with information and referrals.

2111 Wilson Blvd., Ste. 300

Arlington, VA 22201

1-703-276-2880

Information and referral line:

1-800-FYI-CALL

www.ncvc.org

RAINN

1-800-656-HOPE

24-hour hotline automatically connects sexual assault victim to local services.

www.rainn.org

National Domestic Violence Hotline

*Provides referrals to local services.

(800) 799-SAFE

(800) 787-3224 (TTY)

www.ndvh.org

Privacy Rights Clearinghouse

*Provides information on stopping harassing phone calls and keeping personal information safe.

1717 Kettner Ave., Ste. 105

San Diego, CA 92101

(619) 298-3396

www.privacyrights.org

National Coalition Against Domestic Violence

*Provides support to coalitions and programs serving battered women

P.O. Box 34103

Washington, DC 20043-4103

(202) 544-7358

www.ncadv.org

U.S. Department of Justice

Violence Against Women Office

*Provides grants and training to service providers responding to stalking.

Office of Justice Programs

810 Seventh Street, NW

Washington, DC 20531

(202) 307-3913

www.usdoj.gov/vawo

Offender Information in Stalking Cases

Information in this section adapted with permission from Sacramento Area Stalking Survivors, Sacramento, CA.

Offender's personal information, if known

Full name: _____

Other names used (nicknames, aliases): _____

Home address/last known: _____

Date of birth: _____ Sex: ____ Social security number: _____

Driver's license #: _____ State: _____

Home phone: _____ Cell phone: _____ Pager: _____

Race/ethnicity: _____ Language(s) spoken: _____

Description of offender

Height: _____ Weight: _____ Eye color: _____ Shoe size: _____

Hair color: _____ Length/style of hair: _____

Tattoos or identifying marks: _____

Medications:

Alcohol/substance abuse:

History of mental illness:

Day treatment program/mental health provider:

Vehicle Information: list any known information for any car, truck, motorcycle etc.

Year: _____ Make: _____ Model: _____ Color: _____

License plate #: _____

Other vehicles the offender can access:

Any additional information concerning how offender travels (public transportation, etc.):

Places the offender might be found

Please list family, friends or associates of the offender:

Name:

Address:

Phone:

Relationship:

Name:

Address:

Phone:

Relationship:

Other places the offender spends time:

Offender's last known employer/company name:

Address:

Phone:

Supervisor:

Work hours:

Offender's school and address:

Class schedule information:

Background information and history of violence

History of criminal activity:

Probation/Parole status:

Probation/Parole officer:

Do you have reason to believe the offender has access to a firearm?

Where is firearm kept?

History of use of other weapons:

History of violence/threats with law enforcement or others besides primary victim:

Has offender ever threatened suicide?

Other information about offender that might be important:

Stalking Incident Log

Day: Date: Time: Location:

Report #:

Officer name and badge number:

Any supporting information attached?

Witnesses

Name:

Address:

Phone:

Relationship:

Name:

Address:

Phone:

Relationship:

Description of incident (include any behavior or actions of offender):

Threats or statements made by offender:

Injuries sustained by victim:

Medical treatment sought: